

MEDICAL NEEDS QUESTIONNAIRE

Name: _____

Today's Date: _____

Sponsor SSN (**last four**): XXX-XX-_____

Please do your best to answer all questions accurately and thoroughly. Thank you for your cooperation.

If you or any of your family members need:

- A medication refill prior to departure
- To obtain lab results or radiology reports from recent tests
- Assistance with any medical issues prior to departure

Please call (937) 522-2778 to schedule an appointment to communicate your needs to your PCM team. Then send an email to 88MDG.SGHH.HCI@WPAFB.AF.MIL stating that an appointment has been made. You will then be cleared of the Virtual Out-processing (vOP) page.

☐ Are you or any of your family members assigned to a Case Manager? If so, please check the box. Then encrypt and email the completed form to 88MDG.SGHH.HCI@WPAFB.AF.MIL.

If none of these items apply to you or your family members, email "no needs" to this same email address to be cleared from vOP.

For those assigned to a Case Manager, please provide the following:

Name of family member assigned to a Case Manager: _____

Name of person to contact: _____

Good Contact Phone number: _____

A response, as directed above, is required to be cleared on the vOP!